

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

MAY 12 2008
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MELVIN CENTENO

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

PLAINTIFF,

-VS-

08CV 2756
JUDGE ZAGEL
MAGISTRATE JUDGE BROWN

WEXFORD HEALTH SOURCES, INC., Health
Care Provider for Stateville
Correctional Center;

PARTHA GHOSH, M.D., Medical Director
of Stateville Correctional Center in
his Official and Individual capacity
and as Employee or Agent of WEXFORD
HEALTH SOURCES, INC.;

C.A. VANCE, MEDICAL ADMINISTRATOR OF
Stateville Correctional Center in her
Official and Individual capacity and
as Employee or Agent of WEXFORD HEALTH
SOURCES, INC.;

JOHN DOE (Mike), Medical Technician
of Stateville Correctional Center in
his Official and Individual capacity
and as Employee or Agent of WEXFORD
HEALTH SOURCES, INC.;

VENITA WRIGHT, Assistant Warden of
Operations (now Major) of Stateville
Correctional Center in her Official
and Individual capacity;

DEFENDANTS.

COMPLAINT UNDER THE CIVIL RIGHTS ACT,
TITLE 42 SECTION 1983 U.S. CODE.

(1) PLAINTIFF:

Melvin Centeno
Register #K72719
Stateville Correctional Center
P.O. Box 112
Joliet, Illinois 60434

(2) DEFENDANTS:

- 1- Wexford Health Sources, Inc.
Foster Plaza 2
425 Holiday Dr.
Pittsburgh, PA. 15220
- 2- Partha Ghosh, M.D., Medical Director
Stateville Correctional Center
P.O. Box 112
Joliet, Illinois 60434
- 3- C.A. Vance, Medical Administrator
Stateville Correctional Center
P.O. Box 112
Joliet, Illinois 60434
- 4- John Doe (Mike), Medical Technician
Stateville Correctional Center
P.O. Box 112
Joliet, Illinois 60434
- 5- Venita Wright, Assistant Warden of Operations
(now Major)
Stateville Correctional Center
P.O. Box 112
Joliet, Illinois 60434

(3) EXHAUSTION OF ADMINISTRATIVE REMEDIES:

- A- The grievance procedure has been exhausted in this case.
- B- Filed numerous grievances. Some were answered, and many have not. Dr. Ghosh continually has deceived all entities as far as telling them that matter has been resolved.
- C- Nothing but lies and neglect concerning Plaintiff's acute knee injury.
- D- Appealed grievance procedure to the A.D.R. board about neglect of adequate medical care at Stateville C.C., and about grievances not being answered at all, and their response was that Medical Personnel had told them that matter had been resolved.

(4) LIST OF ALL LAWSUITS FILED:

- A- Centeno v. McAuley, et al., Court #04 C 1442.
- B- Approximate date of filing, Feb. 24, 2004.
- C- Plaintiff was the only person on litigation.
- D- Defendants were; James McAuley, Sergio Rodriquez, past and present Medical Directors of Cermak Health Services, and Michael Sheahan, past Sheriff of Cook County, Illinois.
- E- Litigation was filed in the United States District Court, Northern District of Illinois, Eastern Division.

F- Case was assigned to the Honorable Judge Zagel.

G- Basic claim made: Deliberate Indifference and Deprivation Adequate Medical Care, 8th Amendment Violation.

H- Disposition of the case was settled with defendants.

I- Approximate date of disposition was between July & August of 2007.

(5) STATEMENT OF CLAIM:

This is a Civil Rights case arising from the defendants crippling entrapment of Plaintiff, by deliberately denying, urgently necessary surgery. Orthopedic Specialists (Surgeons), in the excess of eight, from the University of Illinois at Chicago, and John Stroger Hospitals, have informed the defendants through their Orthopedic Notes and Assessments (medical records) that the Plaintiff needs an Osteotomy and Multiligamentous surgeries in order to repair an acute injury to Plaintiffs left knee. Plaintiffs knee is deplorable and is journeying to irreparable harm because of the neglect of adequate medical care and the deliberate indifference at the hands of WEXFORD HEALTH SOURCES, INC., PARTHA GHOSH, C.A. VANCE, JOHN DOE (MIKE), AND VENITA WRIGHT.

Since 2006, Plaintiff has seen Orthopedic Specialist's at U of I at Chicago; 3/30/06, 2/27/07, 3/29/07, 3/6/08, and in each consultation, it has been clearly documented that Plaintiff needs Reconstructive Knee Surgery. Once back at Stateville C.C., medical director blatantly disregards course of treatment from Orthopedic Specialist's (Surgeon's). Even a simple DONJOY ANTERIOR CRUCIATE LIGAMENT / POSTERIOR CRUCIATE LIGAMENT BRACE WITH A POSTERIOR CRUCIATE LIGAMENT STRAP, that was prescribed on 3/30/06, to stabilize movement, has been deliberately denied.

All this deliberate indifference and deprivation of adequate medical care, and submitting Plaintiff to cruel and unusual punishment, is derived from an adopted Cost-Cutting Policy from WEXFORD HEALTH SOURCES, INC., ADMINISTRATOR VANCE, AND MEDICAL DIRECTOR GHOSH. Because of neglect to Plaintiffs basic medical care, the instability to his knee has exasperated to the point of irreparable harm. Even basic pain management as pain medication has ceased to be afforded to Plaintiff. Plaintiff is being deliberately denied any meaningful medical care because Plaintiff has submitted grievances and letters trying to have a basic Constitutional Right addressed. Defendant, Partha Ghosh, has said that 'he would not see Plaintiff and that he would whenever he desired. To stop bugging him.' Yet, Plaintiff continues to suffer because of his deliberate indifference.

Plaintiff has contacted, through mail, WEXFORD HEALTH SOURCES, INC., in regards to denying Plaintiffs surgery, and family of Plaintiff have called their offices and all we have got is complete silence. Through the Contract of Services between WEXFORD and MEDICAL DIRECTOR, it is clear that WEXFORD is notified and has been notified of Plaintiffs condition, yet, they choose to intentionally delay in providing medical treatment, afforded through their contract with IDOC. Contract specifically says that Vendor shall ensure that a treatment plan is developed for each inmate who requires on-going care. And Vendor shall arrange for the provision of medical services to IDOC inmates on site and off site as medically indicated. Medical services are to be provided in accordance with medically accepted community standards of care. This is a clear signature of disregard for human well-being, and this deliberate indifference must be afforded due process.

Plaintiff has notified each defendant numerous times, but to no avail. These defendants have prevented Plaintiff from receiving recommended treatment, and have denied Plaintiff access to medical personnel capable of curbing his acuteness. Plaintiff can attest that this insipid and insidious and inhumane condition

is a long practice in this Institution and it's Health Care providers. Each defendant has played a role in denying or refusing access to Plaintiff to meaningful and necessary medical care, that has been documented clearly in medical records by Orthopedic Specialist's.

It is clear that prisoners are guaranteed the right to be free from deliberate indifference to serious physical needs. It is clear that a prolonged delay since recommendation for surgery suggests that prison officials have exhibited deliberate indifference to Plaintiffs medical needs.

The conduct of WEXFORD HEALTH SOURCES, INC., MEDICAL DIRECTOR PARTHA GHOSH, MEDICAL ADMINISTRATOR C.A. VANCE, MED. TECH. JOHN DOE (MIKE), and MAJOR VENITA WRIGHT is intentional and criminally reckless. Partha Ghosh is not allowing Plaintiff to be treated at all, and denying recommendations by Plaintiffs current doctor at the University of Illinois at Chicago Medical Center, to have Reconstructive Knee Surgery. These Bureaucratic obstacles of adopted cost-cutting policies by Wexford Health Sources, Inc., C.A. Vance, and Partha Ghosh have put Plaintiff in a miniature hell.

MED. TECH. JOHN DOE (MIKE), who is in charge of medical at unit in which Plaintiff is housed, has neglected to process any request to see doctors outside unit, and even has told Plaintiff that he is god and can do whatever he wants. Plaintiff has been told by staff and other witnesses that Med. Tech. has said that the Health Care Administrators are not going to spend any money on me to receive this expensive surgery, so I better stop submitting requests.

Plaintiff has written VENITA WRIGHT, when she was Assistant Warden of Operations (now Major), numerous times asking that she investigate and help Plaintiff receive adequate medical care, yet, she also has followed the path of deliberate indifference to my medical needs.

PARTHA GHOSH, with deliberate indifference has underestimated the severity of the injury and is insufficiently interested in Plaintiffs health and safety, to even take minimum steps to guard against additional injury.

Defendant's, C.A. VANCE, PARTHA GHOSH, have not and will not render any treatment whatsoever to Plaintiff. WEXFORD HEALTH SOURCES, INC., C.A. VANCE, PARTHA GHOSH, and JOHN DOE (MIKE), despite repeated requests from Plaintiff for adequate medical care, have intentionally, consciously, and with deliberate indifference, refuse to examine and administer any medical treatment, despite knowing of the injury, and dismissing Orthopedic Specialist's at U of I at Chicago, recommendations for surgery.

Defendant's WEXFORD, GHOSH, VANCE, JOHN DOE, WRIGHT, with knowledge of Plaintiffs serious medical needs and/or with deliberate indifference to such medical needs, acted or failed to act in such a way so as to deprive Plaintiff of necessary and adequate medical care. Such acts of omissions by the defendants violated rights secured to Plaintiff by the Eighth and Fourteenth Amendments of the United States Constitution.

Defendants with knowledge of Plaintiffs serious medical needs and/or with deliberate indifference to such medical needs, acted or failed to act in such a manner so as to prevent Plaintiff from obtaining needed medical treatment and care. Such acts and omissions by the defendants violated rights secured to Plaintiff by the Eighth and Fourth Amendments of the United States Constitution.

As a direct result of the above-described unlawful and malicious acts of the defendants, Plaintiff suffered and continues to suffer great physical injury, permanent, irreparable injury, and extreme pain in violation of the Eighth Amendment to the United States Constitution and the Fourteenth Amendment to

the United States Constitution, and 42 U.S.C. se. 1983.

JURY DEMAND

The Plaintiff demands a trial by jury on all issues raised in the pleadings.

RELIEF

WHEREFORE, the Plaintiff, Melvin Centeno, prays for an award damages sufficient to compensate him for the pain he has suffered and the exacerbation of the injury to his left knee and to punish defendants for their wilful indifference to his Constitutional Rights, and award his costs for the prosecution of this suit.

By signing this complaint, I certify that the facts stated in this complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

SIGNED THIS 5TH DAY OF DECEMBER OF 2008.

A handwritten signature in black ink, appearing to read 'Melvin Senteno', with a large, stylized flourish extending to the right.

Melvin Senteno

Register # K72719

P.O. Box 112

Joliet, Illinois 60434

EXHIBITS

PART OF MEDICAL CONTRACT
FOR SERVICES

GRIEVANCES

PLEASE USE A BALL POINT PENTAGON (PENT) DISTRIBUTION INSTRUCTIONS

PART 1 - TO MEDICAL RECORDS
PART 2 - RETURN TO REPORTING CLINIC/PHYSICIAN AFTER CONSULT
PART 3 - RETAINED BY CONSULTANT
PART 4 - TO PATIENT WHEN SENDING FOR CONSULT

Exhibit



University of Illinois Medical Center

at Chicago

REQUEST FOR CONSULTATION

77193233-0383
CENTENO, MELVIN
STATE, CORRECTIONS
OTHER GOV'T AGENCY

02/27/07
MC 02/05/1963



FROM THE DEPT. OF Ortho TO THE DEPT. OF Sports - Hutchinson
DATE REQUESTED 2/27/07 EMERGENCY ☐ TODAY ☐ WITHIN next available DAYS

DIAGNOSIS AND REASON FOR CONSULTATION.

ACL / PCL tear
to eval for reconstruction

NEW CONSULT ☒ FOLLOW UP CONSULT ☐ FOR TRANSFER OF CARE REFERRING ☐

INTERN [Signature] M.D. RESIDENT [Signature] M.D. ATTENDING PHYSICIAN [Signature] M.D.

REFERRING CLINIC [Signature] DATE [Signature] TIME [Signature]

CONSULTANT'S REPORT

DATE ANSWERED:

(BE SURE TO SIGN ALL YOUR NOTATIONS)

CONSULTANT'S SIGNATURE M.D. ATTENDING'S SIGNATURE M.D.

DAVISON
JT 01/08/89
7105 - Forms 8

2-5-63

Exhibit

STATE OF ILLINOIS - DEPARTMENT OF CORRECTIONS

m/Hsp

Facility Stateville
Correctional Center

REQUEST FOR CONSULTATION — REPORT OF CONSULTATION

Inmate's Name Centeno Melvin Inmate's Number K 72719
uic For. surgery - orthopedic appt. 2-27-07

Consult Requested By: P BROWN Date: 1/31/7 URGENT
() YES () No

Reason for Consult: (List Problem)
(L) knee ACL + PCL tear
scheduled for surgery,
Post op PT will be available,
on site

FINDINGS: (L) knee ACL / PCL tear
Report of Consultant (Use Reverse Side if Necessary) P B

ASSESSMENT: as above

RECOMMENDATIONS/PLANS: See Dr. Hutchinson for
multi-ligament reconstruction surgery
if post-op PT available.

Date: 2/27/07 [Signature] M.D.
(Signature of Consultant)

FOR CORRECTIONAL CENTER MEDICAL DIRECTOR ONLY:

- ☐ I have reviewed the recommendations contained in this report and approve them.
- ☐ I have reviewed the recommendations and disapprove or choose to revise them for the following reason.

Date: _____ (Signature of Medical Director)

77193233
Exhibit

STATE OF ILLINOIS - DEPARTMENT OF CORRECTIONS

2-5-63

Facility Stateville
Correctional Center

REQUEST FOR CONSULTATION — REPORT OF CONSULTATION

Inmate's Name Centeno, Melvin Inmate's Number K72719
UIC - Sports Medicine appt 3-29-07

Consult Requested By: PB WORTH Date: 3/26/07 URGENT
() YES () No

Reason for Consult: (List Problem)
chronic PCL PCL injury
knock
scheduled for surgery
PT to be provided
() Evaluation
() Management

Report of Consultant (Use Reverse Side if Necessary)

FINDINGS: AS ABOVE - GRADE II PCL
GOOD ACL stability, no hyperextension laxity

ASSESSMENT: degenerate joint disease
GI PCL

RECOMMENDATIONS/PLANS: ① Recheck radiographs to assess
progressive DD
② OFF THE SHELF DON-JOY DEFORME
ACL/PCL BRACE

Date: 3/26/07 [Signature] M.D.
(Signature of Consultant)

FOR CORRECTIONAL CENTER MEDICAL DIRECTOR ONLY:

- ☐ I have reviewed the recommendations contained in this report and approve them.
- ☐ I have reviewed the recommendations and disapprove or choose to revise them for the following reason.

Date: _____
(Signature of Medical Director)

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and Report

Exhibit

Hall County Jail
(Facility)

Offender's Name: Antonio Medina ID# 15 72719

Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment
☐ Evaluation ☐ Management
☐ Procedure/service (specify)
☐ Other (specify) Chiropractor

Urgent: ☐ Yes ☐ No

Referred to: WLC orthopedic Dr. Hutchinson

Rationale for Referral: (L) knee medial collateral ligament / PCL injury
For medical management recommended
Surgey

P6474042
Print Referring Practitioner's Name

REW
Referring Practitioner's Signature

1/2/8
Date

Report of Referral (Use Reverse Side, if necessary)

Findings: (L) knee instability & ACL's

Assessment: PCL instability, LCL instability

Recommendations/Plans: ACC/PCL braced - aggressive ROM (L) knee
standing AP/lat views B/L knee
MRI (L) knee
1/2 after (L) knee MRI
will assess surgical options after MRI
Fabrizio Hutchinson
Print Practitioner's Name Practitioner's Signature Date 05/06/08

Facility Medical Director Use Only
I have reviewed the recommendations and:

☐ Approve

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

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2.3 MEDICAL CARE:

2.3.1 **General.** Vendor shall arrange for the provision of medical services to IDOC inmates on-site and off-site as medically indicated, including, but not limited to direct care, dental, medical, hospital, mental health, pharmacy, laboratory, radiology, optical and specialty services. Vendor shall ensure that all medical services are provided in accordance with medically accepted community standards of care, and that complete and accurate medical records are kept for all inmates.

2.3.2 **Treatment Plans.** Vendor shall ensure that a treatment plan is developed for each inmate who requires on-going care. The treatment plan shall include a written statement, which specifies the particular course of therapy and the roles of medical and non-medical personnel in carrying out the course of therapy. The plan shall be individualized and based on an assessment of the inmate's needs, the short and long term goals, and the methods by which the goals shall be pursued. When clinically indicated, the treatment plan may provide the inmate with access to a range of supportive and rehabilitative services (e.g., individual or group counseling, or self-help groups).

2.3.3 **Special Medical Programs.** The On-site Medical Director shall develop and implement, subject to the approval of the IDOC Medical Director, special medical programs for inmates who require close medical supervision, including chronic and convalescent care. The plan of treatment shall include directions for health care staff and Center staff regarding their roles in the care and supervision of the inmate. The special medical program shall service a broad range of health problems including, but not limited to, seizure disorders, diabetes, hypertension, HIV, potential suicide, chemical dependency and psychosis, such that:

2.3.3.1 All inmates at the Center who have high blood pressure have a blood pressure recorded at their last visit as within normal limits, or, for those whose pressures are not normal, there is a clear plan to achieve a normal blood pressure.

2.3.3.2 All diabetic inmates at the Center have a hemoglobin A1c level within the accepted range, or a clear plan to achieve a level within the accepted range.

2.3.3.3 All inmates at the Center who have AIDS and who are eligible for PCP prophylaxis receive it.

2.3.3.4 All asthmatic inmates at the Center have their disease labeled on the problem list as mild, moderate, or severe.

2.3.3.5 All seizure-prone inmates at the Center have documentation of seizure activity since their last clinic visit.

2.3.4 **Infirmiry Care and Referrals.**

2.3.4.1 Infirmiry care shall be available for inmates requiring skilled nursing care, chronic illness care, convalescent care, and those acute and chronic conditions that can be managed on-site. All infirmiry encounters shall be documented in the inmate's medical record in a timely manner. Vendor shall provide the following when applicable:

- a. 24-hour coverage, supervised on-site by a Registered Nurse;
- b. Daily infirmiry rounds by nursing staff;
- c. 24-hour Physician on-call coverage;
- d. Manuals of nursing care procedures;
- e. A separate and complete medical record for each patient;
- f. Infirmiry rounds by a physician at least 3 times per week for acute care patients and at least once per week for chronic care patients.

2.3.4.2 If, in the opinion of the On-site Medical Director, an inmate cannot be properly treated in the immediate area, the On-site Medical Director shall refer the inmate to a community medical facility that can provide the necessary treatment. This facility shall be approved by HFS and IDOC. Medical furloughs shall be scheduled with security prior to services being performed.

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✓ 2.3.4.3 Vendor shall ensure that an inmate who is referred off-site for either a specialty clinic visit or emergency care is seen by an on-site physician within five business days after the return of the inmate to the Center.

2.3.5 Hospitalization.

2.3.5.1 An inmate who requires care beyond the capability of the infirmary shall be hospitalized at a licensed community facility. With the exception of emergency situations, a recommendation for hospitalization shall require review and approval by the On-site Medical Director. Routine admissions from a Center shall be made to a facility approved by HFS and IDOC. The On-site Medical Director shall review hospital admissions that arise from emergency situations within forty-eight (48) hours after admission.

2.3.5.2 University of Illinois d/b/a University of Illinois Medical Center.

a. Vendor may refer inmates at specified Centers to the University of Illinois Medical Center for medically necessary services that require care outside the Center, without prior approval by the IDOC Medical Director. The specified Centers are: the Stateville Correctional Center, Pontiac Correctional Center, Dwight Correctional Center, Dixon Correctional Center and Sheridan Correctional Center. Referrals to the University of Illinois Medical Center from the specified Centers shall not exceed 18 inpatient stays and 180 outpatient visits per month. All referrals to the University of Illinois Medical Center from Centers other than those specified shall require the prior approval of the IDOC Medical Director.

b. Vendor may be subject to compensation adjustments under Section 3 if over-utilization of the University of Illinois Medical Center inpatient and outpatient hospitalization services occurs, as determined by the IDOC Medical Director, and may also be held financially responsible for the costs of IDOC security staff salaries and travel expenses directly related to the inmate transport necessitated by the U of I cases classified as "over-utilization" at the discretion of the State. The Vendor may also be financially responsible for the costs of IDOC security staff salaries and travel expenses directly related to referrals from centers other than those listed above. If the Vendor receives prior approval from the IDOC Medical Director to utilize the University of Illinois Medical Center for inpatient and outpatient services from the Centers other than those specified above, the Vendor will not be held financially responsible for the costs of IDOC security staff salaries and travel expenses directly related to the inmate transfer for these services.

2.3.5.3 Vendor shall review the health care status of inmates admitted to hospitals to ensure that the duration of the hospitalization is neither longer nor shorter than medically indicated.

2.3.5.4 Vendor shall not be responsible for the cost of meals at the hospital for correctional officers who are providing security for hospitalized inmates.

2.3.5.5 If an inmate requires hospitalization or other specialty care in follow-up to a previous surgery or procedure, Vendor shall refer the inmate to the provider or facility that originally provided the services, when possible. With the exception of routine transportation and security costs, Vendor shall be responsible for all associated costs of specialty care.

✓ 2.3.5.6 Vendor shall meet as required with representatives from hospital and other providers to coordinate the referral of inmates. Policies and Procedures shall be developed regarding referral methods, scheduling, transportation, reporting of test results, medical records, acute care hospitalization and patient follow-up, subject to approval by HFS and IDOC. Vendor shall inform the CAO of such meetings and the CAO may attend.

2.3.5.7 Vendor shall not be responsible for the security of an inmate being treated on an inpatient or outpatient basis at a hospital. IDOC security procedures and IDOC requirements relating to subdivision of male, female, adult and juvenile inmates shall be provided to Vendor.

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- b. Observation of the inmate's state of consciousness, mental status, appearance, conduct, bodily deformities and ease of movement, and signs of trauma, bruises, lacerations, jaundice, rashes and infestations, needle marks or other indications of drug abuse.
- c. Classification in one of the following disposition categories:
 - i. Immediate emergency treatment needed;
 - ii. Assignment to infirmary; or
 - iii. Assignment to the general population.

2.3.20.3 Vendor shall explain to each incoming inmate the procedures for receiving health and dental services as outlined in the Center's inmate handbook.

2.3.21 **Consultations.** Vendor's corporate office shall have five business days to respond to a consultation request made by the On-site Medical Director, whether such request is for an inpatient or outpatient procedure. The response may be oral with a follow-up in writing, but the written response must be provided to the On-site Medical Director within five business days after the submission of the request. If Vendor's corporate office wishes to deny the consultation request, Vendor corporate office must submit a written alternative plan to the On-site Medical Director with a copy to the IDOC Medical Director. The On-site Medical Director may appeal the denial to Vendor's corporate office. If Vendor's corporate office rescinds the denial, the consultation services will be provided. If Vendor's corporate office affirms the denial, Vendor will notify the On-site Medical Director in writing with a copy to the IDOC Medical Director. The On-Site Medical Director may appeal to the IDOC Medical Director, who shall make the final determination whether to proceed with the consultation. If Vendor does not respond to a consultation request within five business days, the IDOC Medical Director may proceed with the consultation.

2.3.22 **Transferred Inmates.** Treatment, care or procedures including, but not limited to, surgery, prosthetics, and dental prosthetics, that are initiated at a Center shall be completed prior to clearance of the inmate for transfer to another Center, with the exception of administrative disciplinary or mental health transfers. If an inmate is transferred prior to completion of pending treatment, disputes over financial responsibility for services shall be resolved by the IDOC Medical Director on a case-by-case basis.

2.4 **PERSONNEL:**

2.4.1 **General.** Vendor shall recruit and interview only candidates who have provided documentation of past health care experience and letters of recommendation and/or positive references. Vendor shall interview each candidate with special focus on technical expertise, emotional stability and motivation. The final selection of all employees and subcontractors shall be subject to approval by IDOC, and by HFS if HFS deems it necessary. Vendor shall engage Illinois licensed and qualified personnel to provide professional coverage for the Centers according to the schedule of specifications and job descriptions. Documentation of licensing and accreditation for all hospitals, clinics and providers utilized must be made available to the Center and to HFS upon request. Vendor shall ensure that all staff members comply with the Contract specifications, and that the employees and subcontractors who provide services under this Contract are skilled in the profession for which they will be used. In the event that HFS or IDOC determines that any individual performing services for Vendor hereunder is not providing such skilled services, HFS and IDOC shall promptly so notify Vendor, and Vendor shall replace that individual. All screened candidates shall make an on-site visit to the Center prior to beginning employment. All personnel shall meet the minimum requirements established by CMS for comparable positions. Vendor shall provide pager service to its physicians, so that they may be contacted while off-site.

2.4.1.1 **Background Checks.** All Vendor personnel shall be required to pass a background investigation conducted by IDOC as a requisite for initial and continued employment. ALL APPLICANTS FOR A POSITION COVERED UNDER A CONTRACT SHALL BE REQUIRED TO PROVIDE A URINE SAMPLE AS PART OF THE BACKGROUND INVESTIGATION. IN ADDITION, ALL CONTRACTUAL PERSONNEL WHO PERFORM

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conferences. If attendance at these functions is requested by IDOC, the Vendor shall be reimbursed accordingly.

2.4.1.10 Termination of Employment. Vendor shall notify and consult with the CAO and IDOC Medical Director as soon as possible prior to discharging, removing or failing to renew the contracts of professional staff and subcontractors, including, but not limited to, laboratory, EKG, pharmacy, dental laboratory and hospitals.

2.4.1.11 Job Descriptions.

- a. Vendor shall give each member of the health care staff a written job description, approved by the HCUA or IDOC Medical Director, which clearly delineates the staff member's assigned responsibilities. Vendor and IDOC shall monitor performance of health care staff to ensure adequate job performance in accordance with the job descriptions and other provisions of this Contract. HFS will have input into determination of the assigned responsibilities and monitoring of performance.
- b. Only IDOC functions shall be delegated to Vendor's employees or independent contractors as delineated in the job descriptions approved by IDOC and HFS. Corporate functions and tasks of Vendor, such as submission of payroll documents and timekeeping, personnel functions, billing tasks, shall not be considered corporate functions and may not be performed at IDOC expense or during IDOC business hours.
- c. All positions identified in this Contract have direct and sole responsibility to perform direct service to the IDOC and each position, including clerical, is essential to the operation of the health care unit and the provision of health services to inmates.

2.4.2 Key Personnel. The IDOC Medical Director shall be involved in the interviewing process for the On-site Medical Director, and for the Director of Nursing, if that is a contract position.

2.4.2.1 On-site Medical Director. The On-site Medical Director at the Center shall serve as the medical authority and shall coordinate with the HCUA in the execution of the duties under this Contract. The On-site Medical Director shall operate the health care program in accordance with State Regulations, and with performance-based audit standards of the American Medical Association (AMA), American Correctional Association (ACA) and IDOC. The On-site Medical Director shall plan, implement, direct and control all clinical aspects of the health care program. In addition to administrative responsibilities, the On-site Medical Director shall also provide primary health care services on a routine basis.

2.4.2.2 Subcontractors.

- a. Within 60 days after the effective date of this Contract, Vendor shall provide IDOC with copies of all its subcontracts, including, but not limited to, those with hospitals, physicians, and dentists. These subcontracts shall be provided to HFS, at HFS' request. Vendor shall be responsible for all dealings with its subcontractors, and shall answer any question posed by HFS and IDOC regarding them or their work within 15 days after receipt of the question. Failure to submit contracts within 60 days, or failure to respond to inquiries to HFS and IDOC in a timely manner, may be the grounds for adjusted compensation.
- b. Vendor shall provide independent contractors and subcontractors with a utilization management protocol as a component of the subcontract. This protocol shall delineate utilization review non-payment criteria.

2.4.3 Non-Competition Clauses. Vendor is prohibited from entering into covenants Not To Compete or Non-Competition Clauses with employees, subcontractors or independent contractors, or any party specifically related to the performance of any obligation required under this Contract, including, but not limited to, hospitals, which would prohibit said employee, subcontractor or independent contractor from competing, directly or indirectly, with Vendor. For the purpose of this paragraph, the term "competing, directly or indirectly, with Vendor" shall mean entering into, or attempting to enter into, business with any individual, partnership, corporation or association that was or is in the same or related business as is Vendor, with the intention of conducting any business, or component of business, that is similar to that carried on by Vendor.

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usage of all pharmaceuticals, including psychotropic drugs, and identify prescribing patterns, and shall assist with drug utilization audits.

- ✓ 2.5.5 **Inmate Grievances.** Any grievances filed by an inmate shall be referred to the appropriate Department Head, who shall review the claim, gather information concerning the complaint, and take appropriate action that is consistent with the Center's grievance procedures found in AD 04.01.114 ("Local Offender Grievance Procedures").

- 2.5.6 **Peer Review.** Vendor shall establish a physician peer review program. The review program shall consist of chart reviews of the On-site Medical Director and physician staff, performed by physicians. Reviews shall be conducted three times per year on a staggered basis, so that each area listed below is reviewed at least once per year.

2.5.6.1 Physician sick call/outpatient encounters;

2.5.6.2 Infirmary Admissions;

2.5.6.3 Inpatient hospitalizations;

2.5.6.4 Specialty referrals/off-site procedures;

2.5.6.5 Prescribing patterns; and

2.5.6.6 Ancillary service utilization;

- 2.6 **REPORTING:** Vendor shall submit the reports specified below to the Chief Administrative Officer, the Chief of Administration and the Contract Monitor. Vendor shall submit additional reports or make revisions in the data elements or format of a report upon the request of HFS and IDOC, without additional charge and without requiring a Contract amendment. HFS and IDOC may remove reports to be supplied during the term of the Contract without requiring a Contract amendment. Vendor shall maintain trend analysis charts on key statistical data taken from the monthly reports. If Vendor detects an unusual trend, Vendor shall share the information with HFS and IDOC. Upon request from HFS or IDOC, Vendor shall share any available information from its Management Information System. Quarterly reports shall be due no later than the 30th day after the end of each calendar quarter. Monthly reports shall be due no later than the 15th day of the month following the report month. Failure to meet the timeliness standard set forth for a report, or failure to submit an accurate report, may result in adjusted compensation as set forth in Schedule E and Exhibit I.

- 2.6.1 **Quarterly Performance Report.** The On-site Medical Director shall monitor the performance of all health care personnel rendering direct patient care and report the results of this performance monitoring to HFS and the IDOC Medical Director.

- 2.6.2 **Monthly Cost Containment Report.** Vendor shall submit a monthly cost containment information report, which shall include, but not be limited to, the following:

2.6.2.1 All inpatient hospitalization referrals, including:

- a. Hospital name
- b. Diagnosis with Primary Diagnosis Code
- c. Admitting physician
- d. Admission date
- e. Discharge date
- f. Significant Complications
- g. Vendor's Utilization Review records

2.6.2.2 All outpatient referrals, including:

- a. Patient name
- b. Facility name
- c. Diagnosis with Primary Diagnosis Code
- d. Treatment received

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>3/10/06</u>	Offender: <u>Helvin Centeno</u> (Please Print)	ID#: <u>K72719</u>
Present Facility: <u>Stateville C.C.</u>	Facility where grievance issue occurred: <u>Stateville C.C.</u>	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Disciplinary Report	<input type="checkbox"/> Other (specify): _____	
Date of Report: _____		Facility where issued: _____
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p>Brief Summary of Grievance: <u>I have been trying to gather the attention of the medical staff at S.C.C., especially Partha Ghosh, Medical Director of this facility, and obtain the medical care that I need to correct the acute injury to my left knee. I have wrote, at least 3 letters to Partha Ghosh, but I have not received any response from him. I am trying to end the negligence and deliberate indifference at the</u></p> <p>Relief Requested: <u>That I be afforded adequate medical care, have the required surgery and post-op evaluations + physical therapy.</u></p> <p><input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p> <p><u>Helvin Centeno</u> ID# <u>K72719</u> Date <u>3/10/06</u> Offender's Signature</p> <p>(Continue on reverse side if necessary)</p>		

Per Counselor Niles, medical has not responded to the grievance, because they have not forwarded to her. She states that once I submit a medical grievance it is forwarded to medical staff.

If this facility. Send to
w Board, P.O. Box 19277,
-9277

Date of Response

4/13/06

Emergency grievance
is not substantiated.
Submit this grievance
later.

Date

hands of Partha Chosh, Medical Director
I am submitting this grievance in the
hope of obtaining meaningful and
necessary medical care. This injury
has been neglected far too long since
its occurrence. The injury is getting
worse and I am concerned about
irreparable harm.

Date: <u>7/4/06</u>	Committed Person: (Please Print) <u>Helvin Centeno</u>	ID #: <u>172719</u>
Present Facility: <u>Stateville CC</u>		Facility where grievance issue occurred: <u>Stateville CC</u>

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	Transfer Denial:	<input type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> By Transfer Coordinator	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Restoration of Good Time	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> By Institution	
<input type="checkbox"/> Disciplinary Report - Date: _____		Where Issued: _____	

PAGE 1 - Committed person completes and sends to counselor who completes counselor response and returns to committed person. Committed person then decides whether or not to forward to Grievance Officer. Grievances on discipline go directly to Grievance Officer.

PAGE 2 - Grievance Officer completes, forwards to CAO; CAO responds and returns to committed person. Committed person then decides whether or not to forward to ARB.

THIS FORM IS NOT USED FOR PROTECTIVE CUSTODY DENIALS.

Brief Summary of Grievance: Again, I'm submitting this grievance requesting that something of significant be done regarding the acute injury to my left leg. Medical Director Ghosh has not responded to my many requests through letters and previous unheeded grievance (3/10/06). I was prescribed by the University of Illinois Medical Center a knee brace, to no avail. Nothing is being done to get me off this monumental, deliberate injury. Reference to my medical record and relieve me of this unnecessary pain and suffering. I am being very candid about everything but this medical deprivation is causing me excessive pain and suffering and the probability of irreparable harm is great. All of my asking is for adequate medical care. Medical Director states that surgery is not possible since they cannot afford giving me physical therapy here in the institution. I told him to either send me to Walter or an adjacent medical facility that would provide physical therapy. I am still waiting.

Relief Requested: I want to get my knee brace prescribed on 2/30/06 and that I be afforded my surgery and post-op physical therapy.

(Attach additional pages, if necessary.)

COUNSELOR'S RESPONSE			
Date Received: _____			
Response: _____			
Counselor: _____	Signature _____	Print Name _____	Date of Response _____
<input type="checkbox"/> Outside jurisdiction of this facility: grievances which arose from a facility other than the committed person's present location and denials of transfers from the Transfer Coordinator's Office forward directly to the Administrative Review Board, 1301 Concordia Court, P.O. Box 19277, Springfield, IL 62794-9277.			

GRIEVANCE OFFICER'S REPORT

Date Received: _____ Date of Review: _____

Committed Person: _____ Number: _____

Nature of Grievance: _____

Facts Reviewed: _____

Never received any response
to this grievance. Filed an
appeal to Director, but
was not answered. No one
knows anything, and grievance
procedure is blatantly lacking.
Grievances, last time, have
not been answered.
Capelet says she knows
nothing.

Recommendation: _____

9/06

Grievance Officer: _____

CHIEF ADMINISTRATIVE OFFICER'S RESPONSE

Date Received: _____ ☐ I concur ☐ I do not concur ☐ Remand

Comments: _____

Chief Administrative Officer: _____

Date: _____

COMMITTED PERSON'S APPEAL TO THE DIRECTOR

I am appealing the Chief Administrative Officer's decision to the Director, via the Administrative Review Board. I understand this appeal must be submitted within 30 days of receipt of the Chief Administrative Officer's decision.


Committed Person's Signature/Number

9/13/06
Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>10/14/06</u>	Offender: <u>Melvin Centeno</u> <small>(Please Print)</small>	ID#: <u>K72719</u>
Present Facility: <u>Stateville CC</u>	Facility where grievance issue occurred: <u>Stateville CC</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input type="checkbox"/> Other (specify):
<u>1534</u>			

☐ Disciplinary Report _____
Date of Report _____ Facility where issued _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if **EMERGENCY** grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: This grievance is in regards to deprivation of adequate medical care. I have done everything I can, even writing medical director, to request that I be afforded the opportunity to receive the surgery I so much need to remedy the acute injury I've suffered to my left knee. This is a long-lasting problem that I have been dealing with. Medical Director Ghosh is blatantly and with deliberate indifference refusing to allow me to receive surgery so that my instability and pain may subside. On my last visit to the University of Illinois Medical Center at Chicago, I was told by doctors that in order for

Relief Requested: That I be seen by Dr. Ghosh or alternate Doctor and be afforded the opportunity to receive adequate medical care and surgery.

☐ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Melvin Centeno _____ K72719 10/14/06
Offender's Signature ID# Date

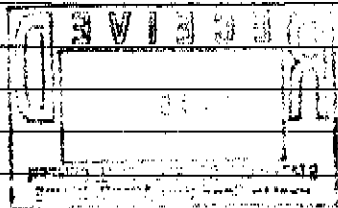
(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: <u>10/26/06</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62701-0277.
Response: _____	
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED NOV 15 2006 STATEVILLE CORRECTIONAL CENTER HEALTH CARE UNIT ADMIN. OFFICE </div>	
<u>S Miles</u> Print Counselor's Name	_____ Counselor's Signature
_____ Date of Response	

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes, expedite emergency grievance. <input type="checkbox"/> No, an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature	
_____ Date	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

them to perform the surgery, Dr. Ghosh had to guarantee that I would be placed in the HCU, and that I would receive meaningful physical therapy. My family has contacted UofI, and they have been told that they are more than willing to perform the surgery, but that I have to be sent by S.C.C. with specifications of post-op treatment. I was also provided a Dwyer anterior cruciate ligament/posterior cruciate ligament brace with a posterior cruciate ligament strap. I also sent a copy of my last letter to Cass. Wright Wright, but nothing has been addressed. I am being treated with deliberate indifference by Medical Director Ghosh, and his staff here at S.C.C. I have put Sick Call Slips in on a weekly basis, and to no avail. I have not been called to see a doctor. My family and my Civil Attorney, John Simmonetti, have called on numerous times to speak with Dr. Ghosh, but all they get is the same old treatment. This blatant disregard of adequate medical care must cease, immediately.





Illinois
Department of
Corrections

Rod R. Blagojevich
Governor

Roger E. Walker, Jr.
Director

Stateville Correctional Center / Rt. 53 / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727-3607 / TDD: (800) 526-0844

MEMORANDUM

DATE: 10-18-06

TO: Centeno K72719

FROM: T. Garcia, Corr. Couns. II
Grievance Office

SUBJECT: ATTACHED GRIEVANCE -

The attached grievance is being returned for the following reason:

_____ It needs to be rewritten and submitted to your counselor on the attached Committed Person's Grievance Report.

_____ It was not filed within 60 days of discovery of the incident, occurrence, or problem which gives rise to the grievance as required in DR 504F, Grievance Procedures for Committed Persons.

X Issue needs to be discussed with your counselor for possible resolution.

_____ No issue outlined in grievance.

_____ It appears that no attempt has been made to resolve the issue as required by DR 504F.

_____ Issue is currently being reviewed by _____

_____ Issue previously addressed. No justification for further action.

_____ Other: _____ Forward to Administrative Review Board

GS:tc

cc: file



Illinois
Department of
Corrections

Rod R. Blagojevich
Governor

Roger E. Walker Jr.
Director

Stateville Correctional Center / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727-3607
TDD: (800) 526-0844

MEMORANDUM

Date: December 5, 2006

To: S. Miles,
Counselor

From: Partha Ghosh, MD *PGH*
Medical Director










Subject: Grievance Response for Centeno, Melvin K72719 F418

The writer recently evaluated the offender and explained why his ~~knew~~ surgery is delayed. The MD in orthopedic department suggested that his surgery will be on scheduled only if the offender gets his daily physical therapy.

Since January 2006 physical therapy time was reduced from 16 hours to 4 hours per week. In these circumstances daily Physical therapy is not available to us.

PG:jrw

Cc: Assistant Warden Programs
Grievance Office
Medical Records
File

Grievance Officer's Report							
Date Received: December 11, 2006	Date of Review: December 11, 2006						
Committed Person: Melvin Centeno	Grievance # 1534 ID#: K72719						
Nature of Grievance: Medical Tx							
<p>Facts Reviewed: Grievant alleges depravation of adequate medical care regarding his knee.</p> <p>Relief requested: Receive proper treatment</p> <p>Medical response received 12/11/06</p> <p>Per Medical Director, Dr. Ghosh: The writer recently evaluated the offender and explained why his surgery is delayed. The MD in the orthopedic department suggested that his surgery will be scheduled only if the offender gets his daily physical therapy. Since January 2006 physical therapy time was reduced from 16 hours to 4 hours a week. In these circumstances daily physical therapy is not available to us.</p> <p>It appears that this grievance issue has been resolved.</p> <p>This Grievance Officer has no medical expertise or authority to contradict the doctor's recommendation/diagnosis.</p> <p>Recommendation: No further action necessary at this time.</p>							
<table style="width: 100%;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Tammy Garcia</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"></td> </tr> <tr> <td style="font-size: small;">Print Grievance Officer's Name</td> <td style="font-size: small; text-align: center;">Grievance Officer's Signature</td> </tr> <tr> <td colspan="2" style="font-size: small; text-align: center;">(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)</td> </tr> </table>		Tammy Garcia		Print Grievance Officer's Name	Grievance Officer's Signature	(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)	
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Print Grievance Officer's Name	Grievance Officer's Signature						
(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)							
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OVERWORKED COUNSELOR

DATE: 1.21.07NAME: CENTENO, M.NUMBER: K72719 CELL: D334

EYE: I HAVE TO FORWARD MEDICAL GRIEVANCES
TO THE HCU. I CAN NOT ANSWER MEDICAL
GRIEVANCES WITHOUT AN RESPONSE FROM HCU.

PO Box 112

Joliet, IL 60434

Administrative Review Board

1301 Concordia Court

PO Box 19277

Springfield, Illinois 62794-9277

Re: Unanswered Grievance

I'm writing today requesting that my grievance be answered. I have submitted previous grievance in regards to the deprivation of adequate medical care, and the deliberate indifference from the HCU staff at Stateville Correctional Center. I'm in need for surgery, but nothing has been done.

I'm again sending your office this copy of previous grievance submitted to you. I'm hoping that this time you may answer promptly.

Your help and cooperation in this matter is greatly appreciated.

Sincerely,

Mel [Signature]

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE		ID#
Date: <u>8/26/07</u>	Offender: <u>Helvin Centeno</u>	<u>K72719</u>
Present Facility: <u>Stateville CC</u>	Facility where grievance issue occurred: <u>Stateville CC</u>	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Registration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Disciplinary Report	<input type="checkbox"/> Other (specify): _____	
Date of Report: _____		Facility where issued: _____
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:</p> <p>Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.</p> <p>Chief Administrative Officer, only if EMERGENCY grievance.</p> <p>Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p>Brief Summary of Grievance: <u>This grievance comes as a result of being deprived adequate medical care and being subjected to cruel and unusual punishment at the hands of Medical Staff here at this facility. I have an acute injury that requires reconstructive surgery (left knee) and my situation is recorded plainly in my medical records, yet, Medical Director Sobush, has not done anything meaningful to correct this long-lasting problem. I was prescribed a brace knee on 8/20/06, and I was just given one.</u></p> <p>Relief Requested: <u>That I receive the surgery needed and that I be given the appropriate brace for my knee; and that I see Dr. Sobush personally; and that my sick cell pass</u></p> <p><input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other threat to inmate health and safety.</p> <p><u>Helvin Centeno</u> <u>K72719</u> <u>8-27-07</u></p> <p>Offender's Signature Date</p> <p>(Continue on reverse side if necessary)</p>		

Counselor's Response (if applicable)	
Date Received: <u>3-8-07</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62734-0277
<p>Response: <u>after Review of medical Files - Loose Filing - following info - Gabriel Thomas Grievance - Response 12/5/06 - Surgery delayed - due to inmate getting Required physical therapy however due to shortage therapy is not available however nothing seen since done since 11/2/06</u></p> <p>Print Counselor's Name: _____ Counselor's Signature: _____ Date of Response: <u>3-27-07</u></p>	

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: _____ Date: _____	

that is not appropriate ~~of~~ fitting for my need of injury. When I was given the knee brace, it seemed as if it was knee brace day because more than 5 knee braces were handed out and all were the same. There is a great probability that all of those other persons did not have the same injury, yet they all (and myself) were given the same brace. My condition is not one to get better unless something meaningful is done, like the surgery that my injury requires. I'm faced with impossible harm to my left leg is nothing is done. Also all of my medical sick call passes go unanswered. I've been putting slips in for more than a month (close to two) and the Med Tech assigned to D-Base does not conform to (his duties). I believe his name is Mike. I need to have my situation attended to.

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 9/19/07	Offender: (Please Print) Melvin Centeno	ID#: K72719
Present Facility: Stateville C.C.		Facility where grievance issue occurred: Stateville C.C.

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Disciplinary Report		Date of Report: _____ Facility where issued: _____	

Received
Grievance Office
OCT 09 2007
1586
STA #

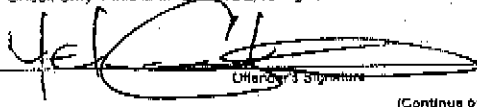
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.


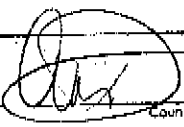
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Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: Again, I find myself submitting a grievance, since numerous ones have not been addressed accordingly, or have not been relegated with any response, period!! No appropriate action has been taken to curb this matter. I have an acute left knee injury that needs immediate care, yet, Medical Director Ghosh, and Med Techs assigned to D-House are all aware of my condition, but with deliberate indifference and complete disregard to my severe injury, continue to violate my fundamental rights under the Eighth Amendment of the U.S. Constitution, in violation of 42 U.S.C. sec. 1983, and the Fourteenth Amendment of the U.S. Consti-

Relief Requested: That I be afforded the necessary medical care that I need and that I receive my prescriptions as ordered by U of I. That

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

 **K72719** **9.19.07**
 Offender's Signature ID# Date
 (Continue on reverse side if necessary)

Counselor's Response (If applicable)	
Date Received: 9.24.07	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>Issue referred to medical for review and response</u>	
 Print Counselor's Name	 Counselor's Signature
9/25/07 Date of Response	

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature	
_____ Date	

tution. I have been sent to the University of Illinois at Chicago 3 times; March 30, 2006, February 27, 2007, and March 29, 2007. I have been prescribed various medical necessities, but once I return to the Institution, Medical Director blatantly refuses to comply with the recommendations from specialists at U of I.. A common apparatus, a Donjoy Knee Brace, a brace that I need to stabilize the instability of my leg, has been blatantly disregarded. No matter what I try to do, all is to no avail. My left knee condition has exasperated, and irreparable harm is the course I am headed to because of the deliberate indifference and blatant disregard to adequate medical care. I was made aware that my medical documents have been lost. I was told this on July 17, 2007. Medical Director gave me an appointment for July 19, 2007. Appointment was cancelled, and ever since then, no effort has been made to reschedule me. It is another confirmation that my acute injury has no importance to Dr. Ghosh. My required treatment and surgical intervention, which is plainly expressed in medical records, continues to go unchecked. Medical Director Ghosh and Med Techs that have been assigned to D-House, have intentionally, consciously, and deliberately refused to examine or administer any medical treatment, despite being aware of my injury and pleas for basic medical care. It has become apparent that Dr. Ghosh and his staff have underestimated the severity of the injury and have been insufficiently interested in my health and safety to take even minimum steps to guard against additional injury. Numerous attempts have also been made to have Medical Director comply with his responsibilities, writing the Asst. Warden of Operations, Ms. Wright, to only being told by her that she had no knowledge of any letters. Trying to get Ms. Wright to hear my complaint has been mute. Instead of responding to my repeated complaints, intentionally, consciously and deliberately refused to cause me to receive medical treatment, as is her duty. The majority of my grievances have suddenly vanished, for I have not received any responses from this Institution, nor the A.R.B.. As a direct and proximate result of the above-described unlawful and malicious acts of Medical Director, Med Techs that

and adequate medical care. Such acts and omissions by the Medical Director, Med Techs, and Ass. Warden Wright, have violated my rights secured by the Constitution. All of this is a clear signature of disregard for human well being. It is clear that the Medical Director is failing gravely in his responsibilities to provide health services and medical care to people incarcerated in it's facilities that meets the standards of the community.



Rod R. Blagojevich
Governor

Roger E. Walker Jr.
Director

1301 Concordia Court / P.O. Box 19277 / Springfield, IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

September 24, 2007

Melvin Centeno
Register No. K72719
Stateville Correctional Center

Dear Mr. Centeno:

This is in response to your grievance received on April 26, 2007, regarding Medical (Knee Brace/Knee Surgery), which was alleged to have occurred at Stateville Correctional Center. This office has determined the issue will be addressed without a formal hearing.

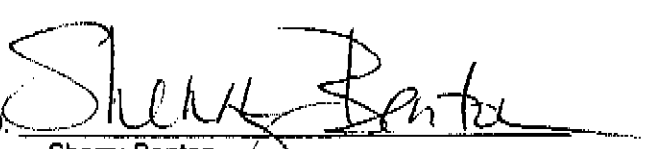
This office has reviewed your written grievance dated February 26, 2007 regarding claims that when your knee brace was issued (3/30/06) it did not fit and requests to have knee surgery. This office notes the issue of the knee brace is beyond the 60-day timeframe.

The Grievance officer's report (0336) and subsequent recommendation dated April 9, 2007 and approval by the Chief Administrative Officer on April 10, 2007 have been reviewed.

This office contacted Stateville's Health Care Unit and was advised that Centeno has been submitted for surgery and physical therapy.

Based on a total review of all available information, it is the opinion of this office that the issue was appropriately addressed by the institutional administration. It is, therefore, recommended the grievance, at this time, be denied; as it appears the issues are being resolved.

FOR THE BOARD:








Sherry Benton
Administrative Review Board
Office of Inmate Issues

CONCURRED:


Roger E. Walker Jr.
Director

cc: Warden Terry McCann, Stateville Correctional Center
Melvin Centeno, Register No. K72719

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report								
Date Received: October 9, 2007	Date of Review: December 11, 2007	Grievance # 1586						
Committed Person: Melvin Centeno	ID #: K72719							
Nature of Grievance: Medical Tx								
<p>Facts Reviewed: Grievant alleges needing a knee brace</p> <p>Relief Requested: knee brace</p> <p>Grievance written: 9-19-07</p> <p>Sent to HCU: 9-25-07</p> <p>Medical response received: 12-11-07</p> <p>Per HCU Administrator, C.A. Vance, RN, MSN: (summarized) I reviewed his chart. I discussed this with the physician. Because this is a special brace with metal parts it had to be cleared by security. The brace in question is not a stock item; it is a special order. The brace was ordered and it is here. He is on the list to be brought down for the brace. In the future a simple statement of what happened is all that is needed for my review.</p> <p>It appears that this grievance issue has been resolved.</p> <p>This Grievance Officer has no medical expertise or authority to contradict the doctor's recommendation/diagnosis.</p> <p>Recommendation: No further action necessary at this time.</p>								
<table style="width: 100%;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Tammy Garcia</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Print Grievance Officer's Name</td> <td style="text-align: center; font-size: small;">Grievance Officer's Signature</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: x-small;">(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)</td> </tr> </table>			Tammy Garcia		Print Grievance Officer's Name	Grievance Officer's Signature	(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)	
Tammy Garcia								
Print Grievance Officer's Name	Grievance Officer's Signature							
(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)								
Chief Administrative Officer's Response								
<p>Date Received: <u>12-13-07</u> <input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand</p> <p>Comments:</p>								
<table style="width: 100%;"> <tr> <td style="width: 70%; border-bottom: 1px solid black; text-align: center;"></td> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;">12-13-07</td> </tr> <tr> <td style="text-align: center; font-size: small;">Chief Administrative Officer's Signature</td> <td style="text-align: center; font-size: small;">Date</td> </tr> </table>				12-13-07	Chief Administrative Officer's Signature	Date		
	12-13-07							
Chief Administrative Officer's Signature	Date							
Committed Person's Appeal To The Director								
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 18277, Springfield, IL 62784-8277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)</p>								
Committed Person's Signature	ID#	Date						

GRIEVANCE

12-07-07

Melvin Centano
K72719
Dated 11-18-07

I investigated this grievance.
I/M wants knee brace that was ordered for him.
He cites indifference by the Health Care Staff.
Cites constitutional rights in a lengthy grievance.
I reviewed his chart.
I discussed this with the physician.

Because it is a special brace with metal parts it had to be cleared by Security.
The brace in question is not a stock item; it is a special order.
The brace was ordered and it is here.
He is on the list to be brought down for the brace.

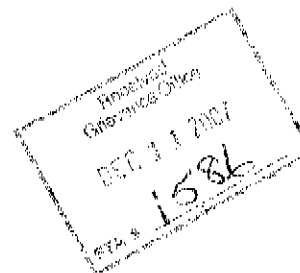
In future a simple statement of what happened is all that is needed for my review.

I hope this brace helps the I/M.

Thank you.

C. A. Vance A CUA

C. A. Vance, RN, MSN, HCUA



December 9, 2007

Melvin Centeno
Reg. # K72719 D/#154
P.O. Box 112
Joliet, Illinois 60434

Carol Vance
Health Care Administrator
Stateville Correctional Center
P.O. Box 112
Joliet, Illinois 60434

Re: Deprivation Adequate
Medical Care

Dear Ms. Vance:

Hope and pray you are doing well. May His grace and peace, along with His unfailing love permeate your being.

I am writing today requesting assistance from you, since your staff, especially Dr. Ghosh, are denying me adequate medical care, and are being deliberately indifferent to my acute knee injury, subjecting me to cruel and unusual punishment pursuant to a cost cutting policy adopted here. The instability to my left knee has exasperated, and irreparable harm is looming.

I suffered this injury on March 19, 2006 and had various procedures done until I was remanded to the County Jail via the Appellate Court. But since returning

back here to Stateville CC, treatment has been non-existent. I was told by over 12 specialists from the University of Illinois at Chicago Medical Center and also from John Stroger Hospital (when I was on wait) that I need reconstructive knee surgery. That I need an osteotomy and multiple meniscus surgeries.

I was sent on 3/30/06 to UofI, and a prescription for a Donjoy anterior cruciate ligament / posterior cruciate ligament brace with a posterior cruciate ligament strap was ordered by specialists, yet, here, nothing has been done. The instability is just getting worse over time I have to move outside the cell.

On 2/27/07, I was sent to UofI and radiographs were prescribed, and again, Donjoy brace prescribed. Yet, nothing has been done.

On 3/29/07, again sent to UofI and evaluated. Reconstructive knee surgery assessment. Again told by specialist that they are eager to perform surgery but that it was not up to them. Here, nothing has been done.

I have exhausted my administrative remedies and all I've got from Dr. Ghosh is lie after lie. I have been very candid and respectful throughout. I have written Dr. Ghosh numerous letters, and he ignores all my pleas, never responding to my requests.


My sick call passes are also ignored.

So, I am forced and obligated to give you a chance to curb this insidious problem. The malfeasance presented by your staff goes beyond cruel. I hope you will look intently into my medical files and see for yourself that my situation is legit and reason for action.

If you decide to also neglect my assistance, then I will be, basically, told by those actions, that your HCO has no plans on helping a person that is suffering at the hands of your staff. This insipid behavior needs to end.

I hope to hear from you promptly. Your help and cooperation is greatly appreciated.

May this Holiday be one of hope and prosperity to you and your family. May He supply all of you with His riches in glory. Anticipated Thanks!

Sincerely,


cc: file

GRIEVANCE

01-02-08

Melvin Centeno

K 72719

Dated: 12-09-07

I investigated this grievance.

I/M grieves that he has a knee problem that requires surgery.

He also claims that the doctor has been "deliberately indifferent to his needs.

I reviewed his chart.

I spoke with the physician.

The physician feels that he should be referred again to the U of I for further evaluation and decision.

An appointment will be made for him to go to U of I.

There has been no deliberate indifference on the part of the Health Care Unit.

In future a simple explanation is all that is needed.

A three page letter is not needed.

I trust this will be of help to him.

Thank you,



C. A. Vance, RN, MSN, HCUA

(2)